



**APPLICATION FOR
AMERICAN FISHERIES ACT (AFA)
PERMIT FOR
REPLACEMENT VESSEL**

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service
Restricted Access Management
P.O. Box 21668
Juneau, AK 99802-1668



BLOCK A - IDENTIFICATION OF LOST AFA QUALIFIED VESSEL

1. Vessel Name:	2. ADF&G Vessel Registration Number:	3. U.S. Coast Guard Documentation Number:	4. AFA Permit Number:
5. Gross Tons:	6. Shaft Horsepower:	7. Registered Length:	
8. Owner Name(s):			9. SSN or Tax ID:
10. Business Mailing Address:			
11. Business Telephone Number:	12. Business FAX Number:	13. Business E-mail Address:	
14. What was the last year in which this vessel harvested or processed pollock in a BSAI directed pollock fishery?			
15. How was the vessel lost or destroyed?			
U.S. Coast Guard form 2692 or insurance papers verifying the loss must be attached.			

BLOCK B - IDENTIFICATION OF REPLACEMENT VESSEL

U.S. Coast Guard Documentation for this vessel must be attached to this application

1. Vessel Name:	2. ADF&G Vessel Registration Number:	3. U. S. Coast Guard Documentation Number:
4. Gross Tons:	5. Shaft Horsepower:	6. Registered Length:
7. Net Tons:	8. Current Length Overall:	9. Federal Fisheries Permit: (if known)
10. Owner Name(s):		11. SSN or Tax ID:
12. Business Mailing Address:		
13. Business Telephone Number:	14. Business FAX Number:	15. Business E-mail Address:
16. Was the vessel built in the United States? Yes [] No []		
17. Has the vessel ever been rebuilt? Yes [] No [] If Yes, was it rebuilt in the United States? Yes [] No []		

BLOCK C - CERTIFICATION OF APPLICANT AND NOTARY

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the information presented here is true, correct and complete.

1. Signature of Owner

2. Date:

3. Printed Name of owner

4. Notary Public: ATTEST

5. Affix Notary Stamp or Seal Here:

6. Commission Expires:

Please mail completed application to **NMFS Alaska Region, Restricted Access Management, P.O. Box 21668, Juneau, AK 99802-1668**. If you need additional information, contact RAM at 1-800-304-4846 or 907-586-7202.

PRIVACY ACT STATEMENT: Your social security number is confidential and is protected under the Privacy Act. Disclosure of your Social Security Number (SSN) is voluntary. The primary purpose for soliciting the social security number is to provide a unique identifier to verify the identity of the applicant(s) for issuance of a federal fishery permit and to avoid inappropriate release of confidential records related to federal commercial fishery permits. In the event it is not provided, NMFS will assign a unique code that will identify your records.

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Sustainable Fisheries, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) The NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to implement the American Fisheries Act; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort; 4) Submission of this information is required of persons seeking to participate in groundfish fisheries under authority of AFA.



INSTRUCTIONS

Application for American Fisheries Act (AFA) Permit for Replacement Vessel

Use this application to request replacement of AFA qualified catcher vessels, catcher/processors, and motherships in the event of total or constructive loss of the qualified vessel. Replacement of AFA qualified vessels is authorized at Section 208(g) of the AFA.

Type or print legibly in ink; retain a copy of completed application for your records. Completed forms should be mailed to: **National Marine Fisheries Service (NMFS) Alaska Region, Restricted Access Management, P.O. Box 21668, Juneau, AK 99802-1668**. If you need information, contact RAM at 1-800-304-4846 or 907-586-7202. **Please allow at least 10 working days for your application to be processed.** Items will be sent by first class mail, unless you provide alternate instructions *and* include a prepaid mailer with appropriate postage or a corporate account number for express delivery.

BLOCK A - IDENTIFICATION OF LOST AFA QUALIFIED VESSEL

(provide information as of the time of the actual or constructive loss of the vessel).

1. Vessel Name - Enter complete vessel name as displayed in official documentation.
2. ADF&G Vessel Registration Number - Enter 5-digit State of Alaska Department of Fish & Game (ADF&G) Vessel Registration Number (example: 51233) of qualified vessel.
3. U.S. Coast Guard Documentation Number - Enter U.S. Coast Guard (USCG) documentation number (example: 566722) of qualified vessel.
4. AFA Permit Number - Enter the AFA Permit Number of the qualified vessel.
5. Gross tons - Enter gross Tons of qualified vessel from USCG documentation/registration.
6. Shaft horsepower - Enter shaft horsepower of qualified vessel from USCG documentation/registration.
7. Registered length - Enter registered length (in feet) of qualified vessel from USCG documentation/registration.
8. Owner Name(s) - Enter the full name(s) of the vessel owner(s). If there is more than one owner, list the principal owner first; the permit will be issued to the first owner listed, with an *et al.* notation. The permit **MUST** be issued to the owner of the vessel, not operators or lessees.
9. Social Security Number or Tax Identification Number - Enter social security number or tax identification number of owner. ***PRIVACY ACT STATEMENT:*** *Your social security number is confidential and is protected under the Privacy Act. Disclosure of your Social Security Number (SSN) is voluntary. The primary purpose for soliciting the social security number is to provide a unique identifier to verify the identity of the applicant(s) for issuance of a federal fishery permit and to avoid inappropriate release of confidential records related to federal commercial fishery permits. In the event it is not provided, NMFS will assign a unique code that will identify your records.*
10. Business Mailing Address - Enter your complete **PERMANENT** business mailing address, including state and zip code. Your permit will be sent to this address. If you need to have your permit sent to a different address, please enter your **PERMANENT** business address on the application and attach a note with your alternate address.
11. Business Telephone Number - Enter business telephone number used by the vessel or processor owner, including area code. It is very important that you provide a telephone number where we can contact you, or where we can leave messages for you; if questions arise concerning your application and we cannot contact you by telephone, issuance of your permit will be delayed.
12. Business FAX Number - Enter business FAX number used by the vessel owner, including area code.
13. Business E-mail address - Enter business E-mail used by the vessel owner
14. Enter the last year in which this vessel harvested or processed pollock in a BSAI directed pollock fishery.
15. Explain in detail how the qualified vessel was lost or destroyed.

You also must attach USCG form 2692 or insurance papers to verify your claim.

BLOCK B - IDENTIFICATION OF REPLACEMENT VESSEL

Coast Guard Documentation for this vessel must be attached to the application

1. Vessel Name - Enter complete vessel name as displayed in official documentation.
2. ADF&G Vessel Registration Number - Enter 5-digit ADF&G vessel registration number (example: 51233) of replacement vessel.
3. U.S. Coast Guard Documentation Number - Enter USCG documentation number (example: 566722) of replacement vessel.
4. Gross tons - Enter gross tons of replacement vessel from USCG documentation.
5. Shaft horsepower - Enter shaft horsepower of replacement vessel from USCG documentation.
6. Registered length - Enter registered length (in feet) of replacement vessel from USCG documentation.
7. Net tons - Enter registered net tonnage (U.S. tons) as stated in official documentation.
8. Current length overall - Enter current length overall (in feet).
9. Federal Fisheries Permit - Enter Federal Fisheries Permit number, if known.
10. Owner Name(s) - Enter the full name(s) of the vessel owner(s). If there is more than one owner, list the principal owner first; the permit will be issued to the first owner listed, with an *et al.* notation. The permit **MUST** be issued to the owner of the vessel, not operators or lessees.
11. Social Security Number or Tax Identification Number - Enter social security number or tax identification number of owner. **PRIVACY ACT STATEMENT:** *Your social security number is confidential and is protected under the Privacy Act. Disclosure of your Social Security Number (SSN) is voluntary. The primary purpose for soliciting the social security number is to provide a unique identifier to verify the identity of the applicant(s) for issuance of a federal fishery permit and to avoid inappropriate release of confidential records related to federal commercial fishery permits. In the event it is not provided, NMFS will assign a unique code that will identify your records.*
12. Business Mailing Address - Enter complete PERMANENT business mailing address of owner, including state and zip code. Your permit will be sent to this address. If you need to have your permit sent to a different address, please enter your PERMANENT business address on the application and attach a note with your alternate address.
13. Business Telephone Number - Enter business telephone number used by the vessel owner, including area code. It is very important that you provide a telephone number to avoid delays in permit processing.
14. Business FAX Number - Enter business FAX number used by the vessel owner, including area code.
15. Business E-mail address - Enter business E-mail used by the vessel owner
16. Was the vessel built in the United States? Answer YES or NO, as appropriate.
17. Has the vessel ever been rebuilt? Answer YES or NO. If YES, was it rebuilt in the United States? Answer YES or NO as appropriate.

BLOCK C - CERTIFICATION OF APPLICANT AND NOTARY

1. Signature of the owner.
2. Date this application was signed.
3. Printed name of the owner.
- 4-6. Notary Certification. A Notary Public must Attest and affix Notary Stamp. Notary Public verification cannot be completed by the person submitting this application.

Sign, Print and date the application in the presence of Notary Public. As a result of this requirement, **we will not process applications faxed to us.** Representatives acting on behalf of an applicant must submit proof of authorization to submit this application on their behalf.

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ADDITIONAL INFORMATION

Before completing this form please note the following: 1) The NMFS may not conduct or sponsor this information request, and you are not required to respond to this information request, unless the form displays a currently valid OMB control number; 2) This information is being used to manage the Limited Access Programs; 3) Federal law and regulations require and authorize NMFS to manage commercial fishing effort; 4) Submission of this information is required of persons seeking to participate in groundfish fisheries under authority of AFA.
